

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

DATE

APPLICANT(S)

10/517772

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3	1						53						
4	1						54						
5	2						55						
6	2						56						
7	0						57						
8	0						58						
9	0						59						
10	0						60						
11	0						61						
12	0						62						
13	0						63						
14	0						64						
15	0						65						
16	0						66						
17	0						67						
18	0						68						
19	0						69						
20	0						70						
21	0						71						
22	0						72						
23	0						73						
24	0						74						
25	0						75						
26	0						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37	1						87						
38	1	1					88						
39	1	1					89						
40	1	1					90						
41	1	1					91						
42	1	1					92						
43	1	1					93						
44	1	1					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5												
TOTAL DEP.	11												
TOTAL CLAIMS	36												